

<b>Case Number:</b>	CM15-0042546		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male, who sustained an industrial injury on 10/08/2013, while employed as a police officer. He reported a popping sensation in his right shoulder, while arresting a suspect. The injured worker was diagnosed as having right shoulder impingement syndrome. Treatment to date has included conservative treatments, including medications, cortisone injections, physical therapy, transcutaneous electrical nerve stimulation unit, and diagnostics. A home H-wave unit was documented as utilized for evaluation purposes, from 12/16/2014 to 1/07/2015. Currently, the injured worker reported the ability to perform more activity, greater overall function, and a 50% reduction in pain. Current medication/medication usage was not noted. A physical examination was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**H-Wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pages 117-118, H-WaveStimulation (HWT) Page(s): 117-118.

**Decision rationale:** The requested H-Wave device is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The treating physician has documented right shoulder impingement syndrome. The treating physician has not documented detailed information regarding TENS trials or their results, nor current participation in a functional rehab program. The criteria noted above not having been met, H-Wave device is not medically necessary.